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7590

04/27/2005

PHARMACIA CORPORATION
 PATENT DEPARTMENT - 04B
 800 N LINDBERGH BOULEVARD
 ST LOUIS, MO 63167

07/26/2005 AKELECH2 00000047 191025 09730663

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
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Karol J. Wilder	(Depositor's name)
<i>Karol J. Wilder</i>	(Signature)
21 July 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/730,663	12/06/2000	Michael J. Hageman	01-677	8091

TITLE OF INVENTION: SOLID-STATE FORM OF CELECOXIB HAVING ENHANCED BIOAVAILABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAMEEM, GOLAM M	1626	514-406000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patricia K. Fitzsimmons

2 Charles Ashbrook

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pharmacia Corporation

P. O. Box 1027

St. Louis

MO 63006

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1025 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Patricia K. Fitzsimmons

Date

21 July 2005

Typed or printed name

Patricia K. Fitzsimmons

Registration No.

52,894

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